Department of Labor & Industries Apprenticeship Section PO Box 44530 Olympia WA 98504-4530



REQUEST FOR CANCELLATION OF PROGRAM

I I 9 I appropriacable accordinator	L&I apprenticeship coordinator

TO: Washington State Apprenticeship & Tra	aining Council				
From:					
(NAME OF PROGRAM) Check Type of Standards being requested to be cancelled: Committee Plant OJT					
Number of Registered Apprentices or Trainee Reason(s):	S:				
	Approved by:	page	of		
Requested by: (chr.)	Washington State Apprent Secretary of Council	iceship & Tra	aining Council		
date:	date:				
www.	dato.				